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INFO RHEHAAA/NATIONAL SECURITY COUNCIL WASHINGTON DC
RHEHOND/DIR ONDCP WASHINGTON DC
RHMFIUU/CDR USSOUTHCOM MIAMI FL
RHMFIUU/DEPT OF STATE AIR WING PATRICK AFB FL
RUEABND/DEA HQS WASHINGTON DC
RUEHBO/AMEMBASSY BOGOTA
RUEHBR/AMEMBASSY BRASILIA
RUEHCV/AMEMBASSY CARACAS
RUEHME/AMEMBASSY MEXICO
RUEHPE/AMEMBASSY LIMA
RUEHQT/AMEMBASSY QUITO
RUEHZP/AMEMBASSY PANAMA

UNCLAS BOGOTA 000370

SENSITIVE
SIPDIS
DEPT FOR INL/LP AND INL/RM
DEPT FOR WHA/AND
WHITE HOUSE PASS DIR ONDCP

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TAGS: [SNAR](#) [SENV](#) [KCRM](#) [PTER](#) [PGOV](#) [CO](#)
SUBJECT: PRESIDENT URIBE'S VICTORY AGAINST PERSONAL DRUG POSSESSION

REF: BOGOTA 749

11. (U) SUMMARY: After five failed attempts, President Uribe succeeded in passing a bill through the Colombian Congress, amending the Constitution and repealing a 1994 Constitutional Court judgment that permitted possession of a minimum dose of drugs for personal consumption. President Uribe has touted the amendment as a significant step forward in the Government of Colombia's (GOC) fight against the growing problems of "micro-trafficking" and drug consumption in Colombia. A lack of funding will likely hamper implementation of the amendment, which anticipates medical treatment for drug addicts and criminal penalties for those carrying or trafficking drugs. END SUMMARY.

PRESIDENT URIBE'S BREAKTHROUGH

12. (U) On December 9, after seven years and numerous heated debates in Congress, the Colombian Senate approved President Uribe's project to prohibit the possession and consumption of a minimum (formerly called "personal") dose of drugs. The initiative passed the eight required debates in Congress, with 60 votes for and 14 against, and was signed by Uribe on December 22. While there have been minor protests against the law, the public generally approved of this initiative; 68 percent of national newspaper El Tiempo's readers surveyed approved penalization of the minimum dose stipulation that previously allowed for the possession and consumption of one gram of cocaine and 20 grams of cannabis.

13. (U) President Uribe has long argued that it was contradictory to wage a massive war on drugs while allowing domestic consumption. To ensure the bill's passage, Uribe's team significantly altered the original draft, including the elimination of a proposal to establish drug courts that would determine whether a person apprehended with drugs was a consumer/addict or a trafficker. In response to former Prosecutor General Iguaran's criticisms that the

bill would criminalize users of small amounts of drugs, President Uribe's team clarified that the bill was intended to penalize traffickers and provide help to consumers and addicts.

CHALLENGES OF IMPLEMENTATION

¶4. (U) This reform modifies Article 49 of the Colombian Constitution, and reverses a 1994 Constitutional Court decision that allowed for the possession and consumption of a "personal dose" of drugs - a quantity that was initially determined by Law 30 of 1986 National Statute of Narcotics. Possession and consumption of narcotics that are medically prescribed are still permitted. Subsequent legislation or decrees are expected to provide regulations governing the provision of medical treatment for drug addicts and criminal penalties for traffickers.

¶5. (SBU) The amendment does not clarify what will happen to people caught in possession of illegal drugs, the process to distinguish between an addict and trafficker, and how new requirements for the

Colombian justice system will be funded. Almost 70 percent of surveyed El Tiempo readers said that the state should require drug addicts to receive treatment; however, the amendment specifically states that the GOC would need the patient's permission to provide treatment. Article 49 also states that the government is responsible for public health and has the obligation to provide cost-free health services, which includes paying for the treatment of addicts. Implementation of a broad program to treat drug addicts will likely overburden Colombia's underfunded health care system. Colombia is not yet prepared to handle this additional responsibility, and the 110 GOC-approved country-wide treatment centers do not have the capacity to significantly ramp up treatment for addicts. One of the most prominent treatment centers in Colombia, Medellin's Carisma, has only 50 beds and a waiting list of more than 200 people.

MICRO-TRAFFICKING IN COLOMBIA

¶6. (U) Micro-trafficking -- trafficking in small quantities of drugs -- has become a new challenge for law enforcement and health care authorities in Colombia. Micro-trafficking involves the sale of illegal drugs at or below the previous limits determined by Colombian law which had permitted possession of a minimum dose for personal consumption. While the individual amounts for sale appear negligent compared to the more than 120 metric tons of narcotics seized by the Colombian National Police (CNP) in 2009, the total revenues earned from micro-trafficking are significant. In Bogota, approximately \$1.5 million of drugs are sold each year via this method at more than 450 identified points of sale, and the Colombian Judicial Police (SIJIN) estimates that every 20 seconds in Bogota, 3-5 grams of cocaine, cocaine base, crack, or marijuana is sold.

THE SCOURGE OF MICRO-TRAFFICKING

¶17. (U) CNP Director General Oscar Naranjo Trujillo recently stated that illegal armed groups are moving into micro-trafficking to compensate for losses in cocaine production and trafficking at the hands of Colombian public forces. He stated that illegal armed groups are promoting cocaine consumption in Colombia by creating micro sales points and supporting dealers. Eliminating the legal possession of a minimum dose will assist the CNP's battle against micro-trafficking and help curb this highly adaptable form of drug trafficking.

¶18. (U) Micro-trafficking is difficult to control, because the link between the dealer and consumer is direct and access is easy - the micro sales points are spread throughout neighborhoods of all socioeconomic strata, and sales take place on the streets, in clubs, at universities, and are often arranged through the internet. The drugs are easy to hide and sales are difficult to control. The quantities carried are small and the permutation of drugs, especially synthetic drugs, is large, making the drugs difficult to identify. Micro-trafficking is further aided by the fact that the hits are cheap - while the most expensive drugs such as heroin and ecstasy can cost up to \$10/hit and cocaine \$4/hit,

marijuana cigarettes cost only 75 cents (the minimum wage in Colombia is approximately \$250/month).

¶19. (U) Micro-trafficking and ease of purchasing narcotics for personal consumption are largely to blame for the reported number of drug users in Colombia. A 2009 National Household Drug Consumption Survey found that 9.1 percent of Colombians have used drugs at least once in their lifetimes (see reftel), while the rate is 29.6 percent for university students - twice the rate of students in Bolivia, Ecuador and Peru - according to a recent study conducted by the OAS' Inter-American Drug Abuse Control Commission (CICAD).

¶10. (U) Micro-trafficking has also increased recruitment of minors into the drug trade and created violence in urban areas resulting from turf battles over narcotics distribution points. The number of drug trafficking sales points, the multitude of dealers, and the cultural acceptance of the right to have a personal dose of drugs will complicate police efforts to control micro-trafficking. In response to this violence and the promotion of drug use, the CNP has identified the fight against micro-trafficking as one of its top priorities.

COLOMBIA'S CHALLENGE

¶11. (SBU) COMMENT: While countries like Mexico recently allowed possession of personal dose of drugs, Colombia demonstrated its political will to attack micro-trafficking and provide a balance in counter-narcotics policy by amending the Constitution to prohibit a minimum dose of drugs for personal consumption. While the change will help the GOC in its fight against this emerging form of narco-trafficking, successful implementation of the project will require adequate funding and improvements to Colombia's health system infrastructure. Unlike the traditional fight against massive drug production and trafficking in remote locations, this direct channel between trafficking and consumption will have to be attacked in urban areas. END COMMENT.
BROWNFIELD